



# New Providence Classical School

Where Every Child is an **Honoured** Student

Enrollment Application For The 20\_\_\_\_ / \_\_\_\_\_ School Year

## STUDENT INFORMATION

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

School Last Attended: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**DATE:** \_\_\_\_\_

Grade Entering: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age at Sept 1st. \_\_\_\_\_

Gender: \_\_\_\_\_ (Male) \_\_\_\_\_ (Female)

## PARENT / GUARDIAN INFORMATION

Father: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Empl. Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mother: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Empl. Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## CHURCH INFORMATION

Home Church: \_\_\_\_\_

Address: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Qua sulum parvulus est an Honoured discipulus

## **FAMILY ENROLLEMENT / STUDENT PLACEMENT**

The New Providence Classical School's objectives are high quality academic preparation in the Classical Christian model, the development of a Christian Worldview, and the cultivation of virtuous character in our students. It is important to understand that we enroll families, not just students. We pray that our families will hold fast to the classical Christian model for their children, and that our parents / guardians will be enthusiastic, supportive and involved.

### **SUMMARY OF QUESTIONS**

**Why do you desire for your child to attend New Providence Classical School?**

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**Are there any health, allergy, medical concerns or physical limitations that the School should be aware of to better serve your child?**

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**Do you suspect, or have you ever been told, that your child may have dyslexia, attention deficit disorder, or hyperactivity?**

\_\_\_\_\_ **Yes**    \_\_\_\_\_ **No**

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**Please note that at this time, NPCS is not able to accommodate children with severe learning disabilities.**

### **ACKNOWLEDGMENT**

I wish to register my child at New Providence Classical School and understand that this application is subject to the classroom space availability and the Family Enrollment/Placement process. I have read the school's Statement of Faith and policies and do not object to my being taught accordingly.

Parent/Guardian Signature

Date

\_\_\_\_\_

#### **For Office Use Only. Do Not Write Below This Line**

**Application Received (date)** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Application Fee Paid:** \_\_\_\_\_

**By:** \_\_\_\_\_

**Payment Method:** \_\_\_\_\_

New Providence Classical School # 57 Jerome Avenue Nassau Bahamas, admits students of any race, color, national and ethnic origin to all the rights, privileges and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies or other school-administrated programs.